PTOYSBOS (08-03)
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U.S. Paters and Tradsmark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a caleddon of information uniter-						Africa Cong Docker periode		
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875						11/184,899		
C		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY			
FOR	NUMBER FILED	MUMBER EXTRA	ן [RATE	FEE		RAIE	FEE
BASIC FEE (27 CFR 1,16(a))	4				5	OR		\$
TOTAL CLAIMS (37 CFR 1,16(c))	minus 20 :	. /	٦,	x \$•		OR	Z 1 *	
INDEPENDENT CLAIMS	Saina	:	7	**		OR	x 5 •	
(37 CFR 1.16(b)) MULTIPLE DEPENDENT C		R 1.16(d))	1	+5 .		OR	+5=	
" If the dillecence in column 1 is loss than zoro, enter "O" in column 2.				TOTAL		OR	TOTAL	
<u>. </u>								
CLAIMS AS AMENDED - PART II 2-25-15 (Column 1) (Column 2) (Column 3)				SMALL I	ENTITY	OR		entity
<u> </u>	CLAIMS	HIGHEST	7		ADDL	l ·	RATE	ADDV
l <u>⊨</u> l l¨	AFTER P	NUMBER PRESENTE EXTRA		RATE	TIONAL		KAIE	FIZE
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Z transpendent	DAM -	3.1	7	× 5	1	OR	x•	7
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·	•			ADDIL FEE		J 0x	ADD C VEE	
	Column 1)	(Column 2) (Column HIGHEST	3)	<u> </u>	1	1		
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	3 Minus	316	4	x-s	-	OR:	X \$ *-	†
FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (17 OFR 1.16(0))				1	<u> </u>	OR	TOTAL	
1,12,17, (2000)				ADOL FEE		_ OR	ADD'L FEE	
ANE	(KRQ FUR I	(Column 2) (Column	3)_			- ~		<u></u>
// /	CLAIMS REMAINING	HIGHEST MUMBER PRESE	NT	RATE	ADDI		RATE	ADDI- TIONAL
	AFTER F	PAID FOR	^_		TIONAL	1	1	FEE
Total .	// Minus	20 -	-]	x 9	J	OR	117	ļ
Z Independent *	3 Minus	131-	-]	x.1		OR:	x s •	<u> </u>
FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (37 CFR 1.18(4))				+1		OR.	+ 1	
10 andt Changes to Chuncton FEE OR ADDIFEE								
To column 3.								
" If the entry of couloms 1 to less than two stars it couldn't be seen than 20, order "2". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, order "2". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, order "3". "If the "Highest Number Previously Paid For" (Total or the dependently to they highest number found in the appropriate box in column 1.								

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to tite (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. USPTO to process) an application. Confidentiality is governed by 15 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including sattering, preparing, and submitting the complete application from to the USPTO. Time will vary depending upon the individual case. Any comments including sattering, preparing, and submitting the complete this form analize suggestions for reducing this hurden, should be sent to the Chief Information Officer, U.S. Petern on the amount of time you require to complete this form analize suggestions for reducing this hurden, should be sent to the Chief Information Officer, U.S. Petern and Trademerh Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2. u you need assistance in completing the form, call 1-00-PTO-9199 and select option 2.